libertyinternational.com/sg

Proposal Form

Public Liability (Excluding Contract Works)

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer : _____	**Business Registration No.:** _____
Mailing Address: _____ Postal Code ( )	
Email: _____	**Contact No.:** _____
No. of Years in Business: _____	**Period of Insurance:** From _____ To _____
Nature of Business: (Please provide full description) _____	

Details of Risk Premises

Address: _____ Postal Code ( )

Use of Premises:

☐ Dwelling ☐ Manufacturing ☐ Shop ☐ Others (please specify):

☐ Engineering ☐ Office ☐ Warehouse _____

Turnover

Please state annual turnover: _____

Limit of Indemnity

Please state the Limit of Indemnity required:

Any One Occurrence: S$ _____	**Any One Period of Insurance:** Unlimited

Name of Proposer: _____

Additional Information

a)	**Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside Insured's premises?**	☐ Yes	☐ No
b)	**Are any workers involved in works at height of more than 30 feet above floor or ground level?**	☐ Yes	☐ No
	If Yes, will there be any scaffolding works and/or other related activities?	☐ Yes	☐ No
c)	**Are any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act?**	☐ Yes	☐ No
d)	**Are any workers involved in excavation works, work in manholes or tunnels etc?**	☐ Yes	☐ No
e)	**Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?**	☐ Yes	☐ No
f)	**Are any workers involved in lifting or hoisting operations, especially in public areas?**	☐ Yes	☐ No
g)	**Are any workers required to work on-board vessels?**	☐ Yes	☐ No
	If Yes, what is the maximum no. of employees on-board any vessel any one time?	_____ employees	
h)	**Will there be any diving and/or related underwater activities pertaining to your business?**	☐ Yes	☐ No
i)	**Does the building adjoin any other premises?** If Yes, please state its nature of business: _____	☐ Yes	☐ No
j)	**Is there any insurance in force covering the same exposure for the same period of insurance being proposed?** If Yes, please state: Name of Insurer: _____ Limit of Indemnity: S$ _____	☐ Yes	☐ No
k)	**Has any Insurance Company ever refused your Public Liability Insurance Proposal or refused to renew your Public Liability Policy?**	☐ Yes	☐ No
l)	**Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?**	☐ Yes	☐ No

Claims Experience

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed

Name of Proposer:	_____

Details of Expiring Insurance

Name of Insurer: _____	**Limit of Indemnity:** Any One Occurrence: S$_____	Any One Period: S$_____
Annual Premium: S$ _____	**Excess:** _____	**Expiry Date:** _____
Special Terms and Conditions: _____		

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)
Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)
Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION
By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

DECLARATION
I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____ Date

_____ Signature of Proposer & Company Stamp